POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(handwritten)*	*(handwritten)*	5/28/10
O.I.P.E. CLASSIFIER		2	10-3-00
FORMALITY REVIEW	*(handwritten)*	JC886	11-01-00
RESPONSE FORMALITY REVIEW	SC	89	3/27/01

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim			Date									
Final	Original	9/19	1/1/20	7/20	10/8							
1	✓	=	u	✓	✓							
2	✓	=	✓	u	✓							
3	✓	=	✓	✓	✓							
4	✓	—	✓	✓	✓							
5	✓	c	✓	✓	✓							
6	✓	=	✓	✓	✓							
7	✓	=	✓	✓	✓							
8	✓	=	✓	✓	✓							
9	✓	=	✓	✓	✓							
10	✓	=	✓	✓	O							
11	✓	=	O	O	O							
12	✓	=	O	O	O							
13	✓	=	=	O	O							
14	✓	=	O	=	O							
15	✓	=	=	✓	✓							
16	✓	=	=	✓	✓							
17	✓	=	=	✓	✓							
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If more than 150 claims or 10 actions
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